

amount of the tincture sufficient to produce the full anthelmintic effect of the drug was never followed by more than six stools, and always acted without griping. After  $\mathfrak{z}\text{ij}$  of the powder have been administered, the worm is usually expelled in the third or fourth stool. It is generally passed entire, and almost always dead, and in about fifteen cases examined by Dr. Anderson he was unable to detect the head. The vermifuge properties of *rotllera tinctoria* have been attested in a large number of cases. Dr. M'Kinnon has mentioned sixteen successful cases in a paper published by him, and he has since administered the powder to nearly fifty patients, out of whom there were only two cases in which no worm was expelled. Dr. Gordon has tried the remedy in thirty cases of tapeworm with uniform success. The dose of the powder of the kamila which seems to act most satisfactorily is  $\mathfrak{z}\text{iiiss}$  to  $\mathfrak{z}\text{ij}$  in an adult; and  $\mathfrak{z}\text{ss}$  of the alcoholic tincture is the dose which is followed by the most successful effects.—*Indian Annals of Med. Sc.*, Oct., 1856.

29. *Medicinal use of Mora Excelsa and Eryngium Fœtidum.*—Dr. HARGRAVE brought under the notice of the Surgical Society of Ireland (Feb. 7, 1857) the effects of some medicinal agents, with which he had been supplied by Mr. Moore, the curator of the Royal Dublin Society's garden. He first alluded to the *Mora Excelsa*, a decoction of which— $\mathfrak{R}$ . Corticis moræ excelsæ  $\mathfrak{z}\text{ij}$ ; aquæ fontanæ  $\mathfrak{z}\text{viij}$ ; decoque ad  $\mathfrak{z}\text{vj}$ —he had found of the greatest service in the cleansing and healing of fetid ulcers. The bark of the mora excelsa had been brought from Guiana, and presented to the gardens of the Royal Dublin Society by Mr. Mac.

Dr. Hargrave next alluded to the *Eryngium Fœtidum* or *Fitweed*, from the West Indies, which had been much praised for its utility in cases of hysteria and similar affections. Dr. Hargrave had tried it in a very severe case of prolonged singultus, which had resisted the ordinary modes of treatment, and it proved perfectly successful.  $\mathfrak{R}$ . Eryngii fœt.  $\mathfrak{z}\text{ij}$ ; aquæ puræ  $\mathfrak{z}\text{viij}$ ; decoque ad  $\mathfrak{z}\text{vj}$ ; capiat  $\mathfrak{z}\text{j}$ , ter in die.—*Dublin Hospital Gaz.*, Feb 15, 1857.

30. *On the Medicinal Effects of Ammonia and its Preparations.*—Dr. OGIER WARD read a paper on this subject before the Medical Society of London (Jan. 24, 1857). Ammonia has never been considered to be a normal constituent of the blood, as its presence had not been detected except after death in cases of typhus, cholera, mæna, and other diseases of a putrid character, until Dr. Richardson's recent discovery that healthy blood owes its fluidity to the presence of ammonia, which is given off during its coagulation, which process may be arrested, and the fibrin re-dissolved, by the restoration of the alkali. An interesting inquiry here suggests itself; how does the ammonia escape from the body during the coagulation of the blood, and how is it retained in those instances in which the blood remains fluid after death? Assuming the truth of Dr. Richardson's views, the author examined and compared the therapeutic effects of the various preparations of ammonia; and he has found that, whether applied externally or taken inwardly, they possess in common the property of dissolving the proteine elements of the blood, whether in the vessels or effused into the tissues; and thus confirm the experiments of Dr. Richardson. This similarity in the effect of ammoniacal medicines is owing to their ready decomposition, the ammonia being separated, and forming the chief curative agent, though it is aided by the other substances originally combined with it. Thus its stimulant and solvent action is similar in kind, if not in degree, when used either externally or inwardly in the form of gas, liquor ammonia, or combined with carbonic acid, &c. From the utility of these preparations in the treatment of venomous bites and stings, inflammatory swellings, diphtheritis, croup, &c., we may suppose that they will be equally efficacious in urticaria, erythema nodosum, and erysipelas, in which there is an effusion of the fibrinous elements of the blood. In these and other inflammatory diseases and conditions, it is probable that the ammonia is carried out of the system in the form of urea or lithate of ammonia contemporaneously with the increase of fibrine in the blood; and that the benefit of the salts of ammonia in such cases is owing to their preventing or removing the effusion of fibrin from the inflamed parts. In this

way, although the primary action of ammonia is stimulant, its remote effects are sedative or debilitant, as it not only arrests inflammatory action, but, by its resolvent and secernent power, carries the products of inflammation out of the system, and hence its utility in all active febrile complaints. It is to this attenuating property that its use as an antidote to drunkenness and to the stupor of opium is to be ascribed. Its stimulant powers are of use in poisoning by hydrocyanic acid, in the cold stage of ague, and in the retrocession of gout, rheumatism, and the exanthemata, as well as in syncope, hysteria, epilepsy, and convulsions. The hydrochlorate, which is the least easily decomposed, is probably the most useful of the salts of ammonia, as it not only possesses the stimulant, resolvent, secernent properties of the others, but owing to its combination with chlorine, is endowed with tonic powers, by which its prolonged use, unlike that of the other preparations, is attended with invigorating effects both to mind and body; and thus it forms an excellent substitute for mercury in cases where this medicine is inadmissible from its tendency to produce cachexia.—*Lancet*, Feb. 7, 1857.

31. *Salt in Intermittent Fevers.*—Dr. MOROSCHKIN observes that during the prevalence of scorbutus and ague in the Transcaucasian provinces of the Black Sea, quinine sometimes entirely lost its powers. When no very prominent scorbutic affections were present he administered 1 oz. of salt in water, in two doses daily, during the absence of the apyrexia. In patients in whom the paroxysms were incomplete, very abundant sweating followed, the skin reassumed its normal appearance, and the various other signs of amendment followed, the disease becoming cured in a few days, and the dose having been diminished. In cases in which the improvement was only partial, quinine now became more efficacious. Of 103 cases, 70 were completely cured, and the others meliorated.—*Med. Times and Gaz.*, Dec. 6, 1856, from *Schmidt's Jahrb.* Bd. XC.

32. *Cod-liver in Dropsy.*—Dr. SINIBALDI was led to prescribe the cod-liver oil in two cases of dropsical effusion, both of which terminated favourably. The first case was one of hydrothorax, in which the effusion was in the left cavity of the chest, pushing the heart over to the right side. The cod-liver oil was prescribed in the dose of two drachms twice a day after meals, the only other treatment being the use of tamarind pulp, and milk with a decoction of Iceland moss. The oil was increased in quantity to an ounce and upwards each day, and after about two weeks, an improvement was plainly manifested; the patient abandoned his lateral decubency, the respiration was less difficult, some purulent matter was coughed up, the respiratory murmurs reappeared with some mucous râles, percussion gave a less dull sound than formerly, and the heart removed from its abnormal situation. The oil was continued, and a nutritious diet was ordered, and the symptoms of disease gradually disappeared, and the patient left the hospital. The second case was that of a boy, aged eight, who was suffering from scrofulous disease, and after an attack of gastro-enteric fever, a fluctuation was perceived in the abdomen. The cod-liver oil was recommended, together with the administration of pills composed of soap, potash, and extract of cicuta. After four or five days of this treatment, the secretion of urine was increased, and the measurement of the abdomen showed a diminished quantity of liquid poured out into its cavity, and after a short time, all traces of edema disappeared. The patient pursued the cod-liver oil treatment for some months, to which were added the iodide of iron, and a meat diet, together with sea air and bathing. It was remarkable that in this case the urine was slightly discoloured and turbid, and gave out an ammoniacal odour. When exposed to heat, it presented a whitish, flocculent substance, analogous to the physical character of albumen; but the same effect was not produced by nitric acid.—*B. & F. Med.-Chirurg. Rev.*, Jan., 1857, from *Bulletino delle Scienze Mediche*, Dec., 1855.

33. *Remedial Power of Cod-liver Oil in Rachitis, Tuberculosis, and Scrofula.*—Dr. M. I. MARCUS, in an interesting paper on this subject, after an exami-